

County of San Diego Monthly STD Report

Issue No. 53: Data through May 31, 2013; Report released August 30, 2013.



Table 1. STDs reported among San Diego County residents, by month (May 2013) and year-to-date.

(May 2013) and year-to-date.	20	2012		2013		
	May	YTD	May	YTD		
Chlamydia	1313	6888	1357	6737		
Female age 18-25	583	2979	581	2895		
Female age ≤17	55	301	81	398		
Male rectal chlamydia	51	220	58	231		
Gonorrhea	210	1037	239	1182		
Female age 18-25	38	197	26	175		
Female age ≤17	5	20	3	20		
Male rectal gonorrhea	31	155	40	167		
Early Syphilis (adult total)	64	231	32	229		
Primary	12	53	13	54		
Secondary	24	88	13	95		
Early latent	28	90	6	80		
Neurosyphilis*	0	6	1	2		
Congenital syphilis**	0	2	1	2		
HIV Infection***						
HIV (not AIDS)	38	202	35	189		
AIDS	28	130	30	139		

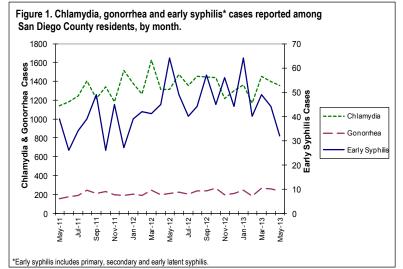


Table 2. Selected STD cases and annualized rates per 100,000 population for San Diego County, by age and race/ethnicity, year-to-date, 2013.

	All races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
All ages										
Chlamydia	6737	514.4	241	162.5	472	812.7	1634	378.8	1082	174.0
Gonorrhea	1182	90.2	43	29.0	108	186.0	221	51.2	273	43.9
Early syphilis	229	17.5	14	9.4	14	24.1	75	17.4	120	19.3
Under 20 yrs										
Chlamydia	1380	392.6	39	111.6	149	951.2	415	261.8	180	150.0
Gonorrhea	102	7.8	1	2.9	20	127.7	21	13.2	12	10.0
Early syphilis	2	0.6	0	0.0	1	6.4	1	0.6	0	0.0

Note: Rates calculated using 2012 SANDAG population estimates.

Key Points comparing YTD cases reported through May 2012 to May 2013.

- Chlamydia has decreased 2.2%.
 - Female (<17) chlamydia has increased 32.2%.
 - Male rectal chlamydia has increased 5.0%.
- Gonorrhea has increased 14.0%.
 - Male rectal gonorrhea has increased 7.7%.
- Early syphilis has decreased 0.9%.

Note: All data are provisional. Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.

Editorial Note: Update: Hepatitis C – Know More Hepatitis

Hepatitis C is a serious liver disease caused by the Hepatitis C Virus (HCV). Most new HCV infections are asymptomatic. Symptoms of acute illness occur in 20-30% of new infections, and include fever, fatique, dark urine, nausea, vomiting, and jaundice. The majority of individuals (55-85%) infected with HCV will develop chronic infection. While usually asymptomatic, chronic HCV is slowly progressive and, over 20-30 years, will lead to liver cirrhosis and cancer in 20-30% of individuals. Approximately 3.2 million people in the United States are infected and approximately 12,000 people die annually as a result of HCV-related liver disease. HCV is the leading indication for liver transplantation in the United States. In 2012, 2,522 new hepatitis C cases were reported in San Diego County, a significant decline from the 4,368 cases reported in 2008. Most cases are likely undiagnosed and rates of HCV-related complications are expected to increase over the next several years.



The primary risk factor for HCV transmission is blood-to-blood contact, with the majority of infections occurring among injecting drug users. While HCV is not efficiently transmitted through sexual practices, recent studies have indicated that sexual transmission does occur, particularly among HIV-positive individuals. Among HIV-positive men who have sex with men, risk factors for HCV include serosorting (i.e., HIV-infected men having sex with one another), group sex, and the use of cocaine and other non-injection drugs during sex. Due to high rates of co-infection, HIV-positive individuals should be screened for HCV at initial evaluation, and liver function should be regularly monitored for indications of viral hepatitis infection.

Most people with hepatitis C do not know that they are infected. The age group at highest risk of hepatitis C includes the baby boomers, people born between 1945 and 1965. Some of these individuals may have been infected through contaminated blood and blood products before widespread screening of the blood supply began in 1992. Others may have been infected through past drug use. Because individuals may be asymptomatic for decades, the Centers for Disease Control and Prevention recently launched a new initiative, Know More Hepatitis, to encourage this group to get tested for HCV.

There is no vaccine to prevent HCV. Antiviral medication is available to treat chronic HCV, although not all patients will need or benefit from treatment. Due to the development of new medications for HCV, treatment is expected to become more tolerable and successful in the future. HCV testing is available at County of San Diego STD Clinics. For further information on hepatitis C, the Pacific Coast Division of the American Liver Foundation is hosting its 2013 Hepatitis C and Liver Wellness Symposium on Saturday, September 21, 2013. For more information and to register, please see their flyer.

County of San Diego STD Clinics: www.STDSanDiego.org

Phone: (619) 692-8550 Fax: (619) 692-8543

STD Clinical Consultation Pager: (877) 217-1816 (8am-5pm, M-F)



Provider STD Reporting: (619) 692-8520; fax (619) 692-8541 Sign up to receive Monthly STD Reports, email STD@sdcounty.ca.gov

YTD: Year to Date

^{*}Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only.

^{**}Includes confirmed and probable cases.

^{***}New infections are reported either as HIV or, if an individual was also diagnosed with AIDS within one month, as AIDS.

^{*}Includes cases denoted as "other" or "unknown" and for which no race/ethnicity data are specified.